

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2012
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF CARBONDALE			STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH LEWIS LANE CARBONDALE, IL 62901		
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F9999	<p>E1 Administrator stated on 7/20/2012 at 9:35 am that all staff are trained that a gait belt is required when transferring a resident.</p> <p>Review of the facility discharge records indicated that R1 was discharged from the facility on 5/29/2012. R1 did not return to this facility after her hospitalization. E1, verified on 7/20/2012 that R1 did not return to this facility. No further information was available as to R1's status after being transferred from the local hospital to the out of state hospital on 5/29/2012.</p> <p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)2)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance</p>	F9999			

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F9999	<p>Continued From page 6</p> <p>with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal</p>	F9999			

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F9999	<p>Continued From page 7</p> <p>care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation</p>	F9999			

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F9999	<p>Continued From page 8 potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on record review and interview, (1) the facility failed to ensure that all staff provide safe transfers by following physician orders and using the required number of staff, as well as using a transfer belt for 1 resident (R1) reviewed for transfer assistance. This failure resulted in R1</p>	F9999			

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F9999	<p>Continued From page 9</p> <p>sustaining a right femur fracture which required a transfer to an out of state hospital for advanced surgical repair.</p> <p>(2) The facility failed to use the results of the initial minimum data set assessment to develop a comprehensive plan of care that directed staff in providing two persons for transfer assistance for 1 resident (R1).</p> <p>The findings include:</p> <p>1. R1, an 89 year old resident, was admitted to the facility on 5/11/12 with a diagnosis of a Right Distal Femur Fracture as noted in the 5/11/2012 nurses admitting note. R1's initial Minimum Data Set assessment dated 5/18/2012 indicates that R1 required extensive to total assist using two persons for transfer assistance. R1's initial care plan dated 5/11/2012 did not reflect this need for two staff for assistance during transfers. The care plan did indicate that R1 was non weight bearing on the right leg. The May 2012 Physician Order Sheet also indicated the right leg was non weight bearing status.</p> <p>An Incident Report form dated 5/27/12 at 7:30 pm, indicates that during a transfer out of the wheel chair into the bed, R1 had a fall. The report indicates that a certified nurse aide (CNA) "braced her against her leg and slowly helped her to the floor". The incident report indicates that E4 and E5, both CNA's were witnesses to the fall. E3, Registered Nurse, signed this 5/27/2012 report. E3 documented in the nurses notes with a date of 5/26/2012 and no time documented (date was actually 5/27/2012 per her statement on 7-20-2012 at 10:00 am) that R1 did not appear injured.</p>	F9999			

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F9999	Continued From page 10 Daily Skilled Nurses Notes with a date of 5-28-2012 and no time documented, indicates that "Res (resident) has notable shortening of right extremity with x-ray ordered" and then another 5/28/2012 entry with no time documented indicates that "Pt (patient) received x-rays, results pending". An x-ray report dated 5-28-2012 and entitled "Exam: Right Femur" indicates that there is a fracture of the distal shaft of the femur located just above the site of a previously repaired femur fracture. The Daily Skilled Nurses Notes dated 5/29/2012 for 6am-2pm, with no specific time documented, indicates that the x-ray results were received and faxed and called to the PCP (primary care physician) and that R1 was transported to the Emergency room per stretcher for evaluation. An additional x-ray done on 5/29/2012 stated "an acute fracture has occurred above the side plate and compression screw fixation"(previous fracture repair) of the right femur. A Patient Transfer Sheet Form dated 5/29/2012 indicates that R1 was sent to the hospital for evaluation and treatment of right extremity that appeared shortened and internally rotated and referenced an x-ray report of 5/28/12 with no other details. E5, CNA, was interviewed on 7/20/12 at 10:10 am and stated that she had transferred R1 by herself and that she did not know that R1 was to be transferred with 2 assist. E5 also stated that she did not use a gait belt when she attempted to transfer R1. E5 verified that she had to lower R1 to the floor as she attempted to transfer her because R1's legs gave out. E5 stated that she	F9999			

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F9999	<p>Continued From page 11</p> <p>did not know that R1 was non weight bearing on the right leg.</p> <p>E4, CNA, was interviewed on 7/20/2012 at 9:50 am and stated that she did not recall who R1 was and could not recall an incident involving an R1.</p> <p>E3, RN, was interviewed on 7/20/2012 at 10:00 am and stated that she assessed R1 after being called to her room and notified of the fall. E3 stated that R1 was sitting in the floor by her bed with her legs extended out in front of her. E3 stated that R1 did not complain of any pain and that no injuries were apparent at that time. E3 stated that she completed an incident report that same evening of the fall and notified the physician and the family of the incident.</p> <p>Z1, Orthopedic Surgeon, was interviewed on 7/20/2012 at 9:40 am and stated that R1's bones were very osteopenic. Z1 stated that he had done the first surgery to repair a distal femur fracture on 5/08/2012 after a fall at her home. Z1 stated that this current fracture was most likely caused by the fall on 5/27/2012. Z1 stated that he felt the required repair of this fracture was out of his scope of practice and referred R1 to an orthopedic surgeon in an out of state hospital.</p> <p>An Authorization For Transfer/Physician Transfer Order Form dated 5/29/2012 indicates that Z2, Orthopedic Surgeon, agreed to accept R1 and provide an advanced orthopedic procedure on the right femur fracture at the out of state hospital .</p> <p>An undated facility policy titled Appendix A: Resident Transfer/Lift Training Guidelines states that a gait belt is required when a resident</p>	F9999			

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F9999	<p>Continued From page 12</p> <p>requires assistance with standing, transferring and ambulating. It also indicates that there are to be two nursing assistants to assist a resident who has a history of being able to bear weight on at least one leg well.</p> <p>E1 Administrator stated on 7/20/2012 at 9:35 am that all staff are trained that a gait belt is required when transferring a resident.</p> <p>Review of the facility discharge records indicated that R1 was discharged from the facility on 5/29/2012. R1 did not return to this facility after her hospitalization. E1, verified on 7/20/2012 that R1 did not return to this facility. No further information was available as to R1's status after being transferred from the local hospital to the out of state hospital on 5/29/2012.</p> <p>(2) R1, an 89 year old resident, was admitted to this facility on 5/11/12 with a diagnosis of a Right Distal Femur Fracture as noted in the 5/11/2012 nurses admitting note. R1's initial Minimum Data Set assessment dated 5/18/2012 indicates that R1 required extensive to total assist using two persons for transfer assistance. R1's initial care plan dated 5/11/2012 did not reflect the need for two staff for assistance during transfers.</p> <p>E5, Certified Nurse Aide, stated on 7/20/2012 at 10:10 am that she did not know that R1 was supposed to have two staff for assistance with transfers and that she had attempted to transfer R1 by herself on 5/27/2012 when R1 had to be lowered to the floor during that transfer.</p> <p>(B)</p>	F9999			